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ABSTRACT

The author reviews commonly held myths about public school programs for behavior problem, chronically disruptive students in Iowa, citing the lack of resource options for these students in many areas of the state. He disputes the following "ill-founded notions": 1) behaviorally disordered children are qualitatively distinct from normal children and such differences are apparent in all areas; 2) by programing for these students educators are actually rewarding misbehavior; 3) to stigmatize such children is more serious than to go without services; 4) to change a child's school program will have little effect unless massive changes are made in the home; 5) education is not nearly as important in the lives of these children as psychiatric involvement; and 6) once educators discover a child is behaviorally disordered he/she is always that way. (CL)

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News of Programs for Emotionally Disabled and Chronically Disruptive Students
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Behavior Disorders in Our Classrooms: What Is the State of Our State?

Editor's Note: The article "Behavior Disorders in Our Classrooms: What is the State of Our State" first appeared in the *Department of Special Education, Iowa State Education Association Newsletter*, Volume IX, No. 1, September, 1978. We want to thank this organization for permission to reprint this article.

by Carl R. Smith
Consultant, Emotional Disabilities
and Chronically Disruptive

Denny is served in a self-contained classroom for pupils who have been identified as "emotionally disabled." Prior to being placed in this program he was on his way to a residential treatment center because the school had "done everything that could be done." But now, Denny's behavior is improving. He is making progress academically and plans are being made to return him to the regular classroom. Across the hall, in a regular third grade classroom is Ann, another student whose behavior was causing concern for her teacher as well as the principal. Rather than place Ann in a special classroom setting, different approaches in the regular classroom were tried. After Ann's teacher referred her for special services, a consultant and school psychologist visited Ann's classroom, observed her behavior, and made recommendations regarding techniques

which had proved effective in similar cases. Ann's behavior has markedly improved.

Across the state in another school district, Fred's junior high principal is writing a formal exclusion notice which states, "Fred's behavior has reached such a point that we can no longer program for him within the public schools. I recommend that the parents seek outside assistance. Fred is a very troubled young man." In reviewing Fred's records we find that he has consistently been a problem in school, has been in fights and most recently has become defiant to all authority figures. Furthermore, he is academically behind, especially in reading skills, and is a "loner" with few friends. Fred's school has programs for mentally disabled, learning disabled, severely and profoundly handicapped students and is even developing a district-wide curriculum in gifted education. The district does not, however, have programs for pupils whose primary handicap is in the area of behavior.

When I was asked to address the question of where we are now in programming for emotionally disabled and chronically disruptive students, examples such as these came to mind. Public Law 94-142 (The Education of Handicapped Children Act) assures the right to a free appropriate education for all children handicapped in receiving an education. Specifically included in this mandate are youngsters who are handicapped by virtue of their behaviors. This category is referred to as "seriously emotionally disturbed" in the federal legislation and "emotionally disabled" and "chronically disruptive" in our Iowa legislation and *Rules of Special Education*. Yet, as I write this, we are faced with the realization that this "free appropriate education" still eludes many of our youngsters. The provision of programs still depends upon where such a child lives in our state. This remains our most serious concern.

In other papers, I have dealt with the definitions of emotional disabilities and chronically disruptive, the procedures for identifying these students, trends in programming, etc. For this paper, I am not going to repeat these concerns. Rather, I want to deal with our attitudes. I want to openly challenge what I think are many of the prevailing attitudes which are impeding program growth in this area of special education. Some of these may provoke you. I welcome alternative interpretations.

In This Issue:

"Behavior Disorders in Our Classrooms: What is the State of Our State?" by Carl R. Smith

"The Time-Out Procedure—A Clarification," by M. Catherine Grayson, John Kiraly, Jr., and Archie J. McKinnon.

Summary Data: Iowa Programs Serving Emotionally Disabled/Chronically Disruptive Pupils, 1978-79

CCBD Elects Officers

Just as Albert Ellis and Robert Harper proposed a set of "irrational ideas" that tend to create problems in our lives in their valuable study *A Guide To Rational Living*, I believe that a number of "ill-founded notions" permeate the educational field in dealing with emotionally disabled and chronically disruptive students. Singularly or collectively, these ideas work against the development of programs in these areas. These "ill-founded notions" are: (1) behaviorally disordered (emotionally disabled and chronically disruptive) children are qualitatively distinct from "normal children" and such differences are apparent in all areas, (2) by programming for these students we are actually rewarding misbehavior, (3) to stigmatize such children is more serious than for them to go without services, (4) to change a child's school program will have little or no effect unless massive changes are made in the home, (5) education is not nearly as important in the lives of these children as psychiatric treatment and (6) once we discover a child is behaviorally disordered he/she is always this way.

Behaviorally Disordered Children are Qualitatively Distinct from "Normal Children" and Such Differences Are Apparent in All Areas

According to this "ill-founded notion," a person is either behaviorally disordered or not and never the twain shall meet. The differences between Jenny, the principal's daughter in the regular third grade classroom and John, an identified pupil with emotional disabilities in a special classroom are enormous. Perhaps one way of dealing with this "ill-founded notion" is to describe two types of students served in programs for the behaviorally disordered.

The first type, which is the minority of the youngsters we serve, are children who have been traditionally identified with such clinical terms as autistic, childhood schizophrenic, childhood neurotic, etc. The behavioral descriptors applied to these children and adolescents may include behaviors not typically observed in the school setting. Such children may seem out of touch with the reality of our classroom and may engage in such unexpected behaviors as self-abuse, uncontrollable outbursts in the classroom and driven, repetitive behaviors. Such students are also typically seen by outside agencies such as mental health centers. But even with these youngsters, if we care to look closer, we find many behavioral similarities with our so called "normal" pupils. We find youngsters who, like our own children, are desperately trying to cope with the expectations we place on them in our classrooms; youngsters who want to please us, to do well in school, to form relationships with peers, to be liked, and to feel that the future holds promise for positive change. Perhaps this last point is more poignantly felt by these children than others. When the present is so painful, why continue unless we feel that the future holds promise? Perhaps our major professional task with these children is to prevent total helplessness from pervading their lives. As Seligman (1975) has described, "... the individual is slow to initiate responses, and hopeless, and sees his future as bleak - which began as a reaction to having lost his control over gratification and relief from suffering." (81).

As these children improve we may still see an "awkwardness" in our school classrooms. But after such a devastating past, isn't this a minor repercussion? And as improvement occurs we find that the differences between such youngsters and our "normal" children diminish even further.

A second type of child seen in classes for the behaviorally disordered behaves in many ways like our "normal" children. With these children it is not the behaviors which concern us, but rather the frequency, intensity, consistency, age appropriateness or situational variables which characterize their behaviors. Perhaps they do too much of what would be considered normal if it occurred on a less frequent basis, such as physical aggression, out-of-seat or verbal outbursts. Perhaps their behaviors occur on a less frequent basis than we expect, such as social interaction or responding to the teacher; or perhaps we see behaviors which are not age appropriate or are situationally inappropriate. Most of the youngsters we serve in programs for the behaviorally disordered can be described in this manner.

These children are even more similar to our "normal" children than the first group. The goals of our programs are to either reduce, not necessarily eliminate, the frequency of some behaviors or to increase other behaviors which we feel are needed. Once we accomplish this adjustment, differences between the children are further diminished.

So - we are dealing with students who are more similar to other students than different. And we are working to increase the personal freedom of such students, who, because of their present behavior, have limited progress and achievement in school. As Albert Bandura (1974) stated:

"Personal freedom can be limited in many different ways. Behavioral deficits restrict possible choices and otherwise curtail opportunities to realize one's performances. Freedom can therefore be expanded by cultivating competencies. Self-restraints arising from unwarranted fears and stringent self-censure restrict the effective range of activities that individuals can engage in or even contemplate. Here freedom is restored by eliminating dysfunctional self-restraints." (865).

By Programming for These Students We Are Actually Rewarding Misbehavior

Herbert Grossman has written a book entitled *Nine Rotten Lousy Kids*. Although we may laugh or chuckle at this title, the subtle implication serves as an example of the second "ill-founded notion."

Behaviorally disordered pupils often evoke behaviors which make all of us angry, disappointed and dismayed. These youngsters often behave in ways which would never have been tolerated by our parents, teachers or peers when we were that age. And, even the most highly trained professionals can recall times when they have been so provoked by these youngsters that the "positive shaping of alternative behaviors" notion quickly faded into more punitive control methods.

Given a history of such behavioral episodes, the proposal to provide a "special" program for such a student may appear to be rewarding all of the wrong behaviors. After all, we are proposing that this student be placed in a program with fewer peers, more teacher attention, protections of special education legislation and in some cases even privileges or motivators not found in the regular classroom. In addition, although our students may question the value of this variable, we provide extra personnel such as special consultants, school psychologists and school social workers. Are we in fact rewarding misbehavior? In my perception, this is not the case.

Although teachers of the behaviorally disordered are trained to deal with a wide variance of deviant behaviors,

behavioral expectations and structure are considered vital ingredients to a successful program. For example, the Morse, Cutler, Fink (1964) survey of classes for emotionally handicapped described the most **unsuccessful** programs as "chaotic." As described by these authors, "... while the intent was to foster academic achievement in a friendly atmosphere, most of the effort was expended with handling aggressive behavior and acting out. An attempt was made to maintain control, but deviant behavior was actually also accepted and created considerable confusion." (p. 124).

We, as professional educators of behaviorally disordered children realize that one of our major tasks is to narrow the gap between the behavior a youngster manifests in the school setting and the behavioral expectations of school personnel. We realize that one of the major reasons a youngster ends up in our programs is because of educators' reactions to real and/or perceived behavioral patterns. Adjusting these patterns is one of our primary tasks.

We also realize that, for these students to successfully return to the regular educational program, behavioral change is necessary. We have also learned that in order for behavioral change to continue from one setting to another, careful planning must be included. We do not consider ourselves successful if a pupil can be controlled in our special classes yet is unchanged when returned to the regular classroom.

To Stigmatize Such Children Is More Serious than to Go without Services

This "ill-founded notion" contends that the consequences of stigmatizing emotionally disabled and chronically disruptive pupils by identifying them as such is more serious than the services which result from such labels. Believers in this notion contend that the effects of these labels are all-pervasive and lead to many repercussions in a child's life beyond the temporary services we offer.

A stigma is defined by Webster's dictionary as "a mark or sign of blemish, defect, taint, or the like." In dealing with this issue I often ask a series of questions. For example: "Are these youngsters stigmatized only if we identify them or do they carry such stigmas even within the regular classroom without special services?" "By postponing the identification of the need for services will the problem most likely intensify?" "What special services will a youngster receive as the result of identification that they would not have received otherwise?"

I do not propose that we identify any youngsters as emotionally disabled or chronically disruptive who do not, in fact, require special education programs and services. But in the past we may have used the professional excuse of "I don't want to label" as a means of avoiding our responsibilities in this regard. I believe that in many cases a temporary reprieve from labeling may "spare the label" yet in the long run deny services to youngsters who need them. It might help if we viewed "stigmatization" on a continuum similar to programming options. For example, to label a student as mildly emotionally disabled and in need of a resource program seems less stigmatizing than to postpone services and later label that child as severely emotionally disabled and place such a pupil in a full-time residential treatment center. I propose that by using our "continuum of labels" we are truly serving as a preventative agent, heading off more severe labels and problems.

To Change a Child's School Program Will have Little Effect

Unless Massive Changes Are Made in the Home

According to this "ill-founded notion," initiating a school program will render few benefits unless changes are made in the home situation. We also see this notion rear its head when we explain a failure in our special programs by stating, "What do you expect? Nothing changed at home."

Perhaps the best way of approaching this notion is by briefly reviewing the professional literature contrasting school and home behaviors. Walker, Hops and Johnson (1975) contrasted the behaviors of behaviorally deviant children in the classroom versus home setting as part of a study dealing with the generalization and maintenance of classroom treatment effects. This was done by using objective observers in both settings. According to these authors:

... children who exhibit high rates of deviant behavior in school do not necessarily show similar difficulties at home... these findings taken together would seem at least to call into question the not infrequent practice of referring parents for counseling because of their child's behavior problems in school. Furthermore... it would appear likely that improved behavior in relation to the family would not have any necessary impact on the child's behavior in the classroom. (198).

The question of "setting generality" or the influence of operations performed in one setting or the child's behavior in other settings has also been addressed by Wahler (1969). Home-based behavioral programs established for two children were followed up to see the effects of such programs in both the home and school settings. Similar to the conclusions drawn by Walker, et. al. (1975), Wahler found that the children's behavior in the school setting was unaffected by the home operations. Only when similar operations were applied in the school did changes show in both home and school settings.

By looking at these empirical studies as well as others (Johnson, Bolstad and Lobitz, 1974; O'Leary and Drabman, 1971; Meichenbaum, Bowers and Ross, 1968; and Skindrud, 1972) we find that behavior appears to be situationally bound and to some extent independent of other settings. By virtue of this, we should be capable of designing appropriate management programs in the school setting which lead to positive change in this setting regardless of what is taking place elsewhere - including the home. This statement should not be misconstrued to mean that we should not be interested in providing support to the homes of the pupils with whom we deal, especially through the services of such professionals as the school social worker. However, to hesitate in intervening educationally in the life of a youngster because of perceptions of the "home situation" may in fact be selling ourselves short regarding what can be done.

Education Is not nearly as Important in the Lives of These Children as Psychiatric Involvement

Because of this "ill-founded notion" we hear such statements as "Tommy really needs psychiatric care. Until he has been cured there is really nothing we can do in school." Rhodes and Paul (1978) briefly allude to the historical application of this notion in their text, *Emotionally Disturbed and Deviant Children: New Views and Approaches*:

Unless the student could be brought back into reason; that is unless he or she could be exclusively

cognitive while in the classroom, education was not possible. It was not so long ago (perhaps fifteen years) that both educators and superintendents of mental hospitals assured us that there was no point to classrooms in mental hospitals. When the child was "cured," and only then, he or she could be educated. Reasonableness and nonreasonableness were mutually exclusive human qualities. (274)

As mentioned in an earlier section of this paper the majority of youngsters we serve in programs for the behaviorally disordered do not display atypical behaviors *per se* but rather are in need of services based on such qualitative considerations as age appropriateness, situational characteristics, or quantitative variables such as consistency, intensity and duration of the behaviors of concern. Many of these youngsters are not typically considered as part of a clinical population commonly seen by child psychiatrists. As a matter of fact, many of these students would be seen as "normal" when viewed by a clinician. To prescribe psychiatric intervention for such youngsters is questionable at best.

The first group of students that we mentioned is quite often treated by mental health professionals. Children referred to as childhood schizophrenic, phobic, neurotic, etc. are in need and should receive clinical services. But even with these children the value of an appropriate educational program is obvious. Denying the need for education on the basis of other more clinical needs, to use the conceptual example provided by Rhodes and Paul, is to deny the mixture of healthy and non-healthy components found in all children. Education, when optimally provided, provides these children with a marvelous pathway to increased self esteem, self-respect and independence; qualities commonly cited as the goals of treatment.

Once We Discover a Child Is Behaviorally Disordered He/She Is Always This Way

Behavior is a dynamic process. The possibilities of change are a constant inspiration to many adults and the loss of this optimism may be the precursor to such states as depression. According to this final "ill-found notion" the behavioral repertoire of a child is viewed in a static sense with the implied view that "once they are, they always are."

We see this notion applied across many age groups. A parallel perception has pervaded our thinking regarding "mental illness" in adults.

Behavior disorders in children and mental illness in adults evoke fear in most of us. These emotional reactions appear to be quite different than those we have regarding physical illness. In the physical realm, our reactions seem to alter with the severity of the illness. We fear cancer in large measure because of the terminal implications associated with this disease. Most of us have had friends or relatives who suffered

and perhaps died from this associated with this disease. Most of us have had friends or relatives who suffered and perhaps died from this view such maladies as an irritant and inconvenience, quite different from more severe physical illnesses such as cancer.

Such is not the case with behavioral disorders in children or mental illness in adults. Rather than conceptualizing a continuum in this area and a dynamic change process, we tend to see an all-encompassing amorphous entity whose manifestations seem to be of an absolute nature. Either you "have" it or you don't. Furthermore, in direct contrast to the inflamed appendix, once you have it - it stays forever. How absurd it would be to overhear a hushed luncheon conversation regarding a respected colleague's appendectomy of five years ago and the effect this unsuspected ailment has had on his present performance. Yet, the absurdity of this conversation seems to decrease if we replace the dated appendectomy incident with psychiatric difficulties. How absurd we would feel in discussing the long-range effects of a broken leg on a learner in our classroom; but we tend to view deviant behaviors of five years ago as directly related to a student's present performance.

Programs for emotionally disabled and chronically disruptive pupils are based on the possibilities for change. Our hesitancy to identify youngsters in need of temporary interventions may deny the short term needs of many of our clients. It may also reinforce the "ill-founded notion" that this handicap is permanent.

Summary

What is the state of our state? Programs for emotionally disabled and chronically disruptive pupils are not available to most pupils in our state, especially in our more rural areas. Even when programs are available, the options are limited. In many areas these options are either a resource teaching program (multi-disability) or severance from community into a residential treatment center with nothing in between. Many educators continue to view these students as just "bad kids." Advocacy groups lead the way for superior programming for other handicapped children, yet with behaviorally disordered children there is a consistent disturbing quietness. School administrators are proud of their many new programs, including home-based programs for pre-school handicapped children, yet exhibit nervous mannerisms when questioned regarding services to behaviorally disordered students. Adolescents continue to be excluded on the basis of threatening behavior; few, if any, are excluded on the basis of inappropriate learning.

We have made progress over the past few years - especially compared to other states. Yet, perhaps as a result of seeing what has been done in all other areas of special education, the gap between where we are and where we need to be is disturbing. These students need your help.

References

- Bandura, Albert. "Behavior theory and the models of man." *American Psychologist* 1974, 29, 859-869.
- Ellis, Albert and Harper, Robert A. *A Guide To Rational Living*. Hollywood, California: Wilshire Book Company, 1975.
- Grossman, Herbert. *Nine, Rotten, Lousy Kids*. New York: Holt Rinehart and Winston, 1972.
- Johnson, S. M.; Bolstad, O.D.; and Lobitz, G. K., "Generalization and contrast phenomena in behavior modification with children." Paper presented at the Sixth Annual Baniff International Conference on Behavior Modification, 1974.
- Meichenbaum, D. H.; Bower, K. S.; and Ross, R. R. "Modification of classroom behavior of institutionalized female adolescent offenders." *Behavior Research and Therapy* 1968, 6, 343-353.
- Morse, W. C.; Cutler, R. L.; and Fink, A. H. *Public School Classes for the Emotionally Handicapped: A Research Analysis*. Washington, D. C.: CEC, NEA, 1964.
- O'Leary, K. D. and Drabman, R. "Token reinforcement programs in the classroom." *Psychological Bulletin* 1971, 75, 379-398.
- Rhodes, William C. and Paul, James L., *Emotionally Disturbed and Deviant Children: New Views and Approaches*, Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1978.
- Seligman, Martin E. P. *Helplessness: On Depression, Development and Death*, San Francisco, California: W. H. Freeman and Company, 1975.
- Skindrud, K. "Generalization of treatment effects from home to school settings." Unpublished manuscript. Eugene, Oregon: Oregon Research Institute, 1972.
- Wahler, Robert G. "Setting generality: Some specific and general effects of child behavior therapy." *Journal of Applied Behavior Analysis* 1969, 2, No. 4, 239-246.
- Walker, Hill M.; Hops, Hyman; and Johnson, Stephen, M. "Generalization and maintenance of classroom treatment effects." *Behavior Therapy* 6, 1975, 188-200.